CONDOI? YUM ASSOCIATION INFORMATION UPP TE FORM

All information provided is public information. Changes are to be made by an officer of the condominium association. Please use a typewriter or print legibly in black ink.

Submit completed form to: DCCA - P&VLD

Real Estate Commission 335 Merchant Street, Room 333 Honolulu, HI 96813

Name of Condominium Association: Kala Kai Ma	rina Lot 5
\	and replaces the information
Please indicate the change being reported:	1
[] Names and positions of the officers of the association (President, Secreta	ry and Treasurer required);
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	1 RE 1
[] Designated officer of the association who can be contacted directly:	
Name: Title:	
Officer's Public Address:	
[] Management status: (Check ONE only and fill in corresponding information)	7
[] Self-managed by the Association of Apartment Owners (AOAO)	
Name of manager;	
Title:Telephone No.:	
[*] Managed by Condominium Managing Agent	
Name: Certified Management, Inc.	CMA Reg. No.:164
Contact Person:Candace Villarmia	Title: <u>Corporate Executive-Ass</u>
Address: 3179 Koapaka Street, Hnl HI 96819	Telephone No.: 836-0911
[*] Contact designation (individual) to receive all AOAO correspondence (except the Commission: (if different from above)	ept bulletins) and telephone calls from
Name: Candace Villarmia	Title: Corporate Executive Ass
Certified Management, Inc. Mailing Address: <u>3179 Koapaka Street, Hol HI</u>	Telephone No.: <u>836-0911</u>
l certify that I am authorized to sign this form on behalf of this condominium provided is true and correct.	association, and that the information
Signature of association officer, developer or 100% sole owner of	
Signature of association officer, developer or 100% sole owner of	condominium project
Fale Poury Feb. 23	2 0 / / Date
Yrunt Name	Date .
Check one only: [] President [] Vice-President [] Secretary [] Treasurer [] Developer or Developer's Agent registering for unorganized association [] 100% Sole Owner of Condominium Project	